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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Tyrone Cooper

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Greene Haven Correctional Facility

**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☐ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Tyrone Cooper

ID #

23B 5168

Current Institution

Elmira Correctional Facility

Address

P.O. box 500, Elmira NY, 14902-0500

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Thon Does Correction Officers Shield # \_\_\_\_\_  
 Where Currently Employed 4pm-11pm Shift at Green Haven Intake  
 Address Green Haven Correctional Facility

Defendant No. 2 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? Greene Haven's Correction's
- B. Where in the institution did the events giving rise to your claim(s) occur? Intake/Booking
- C. What date and approximate time did the events giving rise to your claim(s) occur? November, 28, 2023 at or about 5:30 pm

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?  
 Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s): Greene Haven Correctional Facility

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?  
 Yes ☒ No ☐ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?  
 Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? \_\_\_\_\_

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? To Inmate Grievance Comitee

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

Violation of Religious rights

2. What was the result, if any? No response back

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. sent out grievances and wrote to hear back, no response

- F. If you did not file a grievance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: \_\_\_\_\_

when and how, and their response, if any: \_\_\_\_\_

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

remedies.

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want \$200,000 two hundred thousand. For my religious rights were violated and for the pain of Depression it has put me through.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of February, 2024.

Signature of Plaintiff

Inmate Number

Institution Address

2385168

Elmira C.F.

PO Box 500

Elmira NY 14902-0500

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: X Tyrone Cooper

## VI. Previous lawsuits:

☐ A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

☐ C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

D. Facts: I Tyrone Cooper was court ordered, with a No hair cut Voucher, to go to Green Haven Correctional Facility. I had my voucher print out and some Thon Doe Correction officer took my No-hair cut due to Rastafarian religion. When I got to Greene Haven The Thon Doe officers booked me in and took my voucher. Then took me to shower. Then the officer ordered another inmate to cut my hair. To which I told him I had a Voucher for No hair cut Due to religion. Officer Did not go and check he Proceeded to order me to get my hair cut.

What happened to you?

Who did that?

Was anyone else involved?

Who else was involved?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.



3472447384  
My Lawyer  
got My Court ordered  
No Hair Cut  
Voucher

The officers took  
my Court ordered  
Voucher  
from me

↑ Elmira C.F. P.O. Box 500, Elmira New York  
149020500

Fr: Tyrone Cooper Din#23B5168

2 The Courts I was Sentenace In Had  
Issued Me a No Hair Cut Voucher Due  
to my Rastafarian Religion When I Had  
Arrived to greenHaven Correctional  
Facility my Religious Rights was Violated  
By Correction Officers Who Had  
Surrounded Ardered an Inmate to cut  
My Hair Which was Against my ~~Rastafan~~  
Rastafarian Religion after I Had Showe  
them my Court ordered No Hair cut  
Voucher



1/17/24

To: Inmate Grievance

Fr: Tyrone Cooper

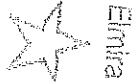
Din# 23B5168

Re: Violation of Religious Rights

On November 28, 2023 Around 5:30pm at Green Haven Correctional Facility I Had a Court Ordered No Hair Cut Voucher that Officers Ignored Went Against my Will Religious Rights By forcing Me to cut my Hair that I Had my whole life due to my Religion Being Rastafarian for the 3 days at Green Haven C.F. I wrote a yet to receive a response Making me away Never filed Can someone please Inform Me of whats going on cuz Im feeling Depressed that my Hair is gone Heres another grievance Im Writing would like to Be filed  
Thank you,

ELMIRA CORRECTIONAL FACILITY  
P.O. BOX 500  
ELMIRA, NEW YORK 14902-0500

NAME: Tyrone Cooper DIN: 2385168 Elmira Correctional Facility



Elmira Correctional Facility  
Legal Mail

US MAIL  
SDNY

230 Ruby Street  
230 Pearl Street  
10007 New York New York

neopost  
02/06/2024  
US POSTAGE \$0.00



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FEB 12 2024  
NEW YORK  
STREET